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CHAPTER 4. NPTF (NEW PATIENT TREATMENT FILE) CODING INSTRUCTIONS FOR
PATIENTS IN VA NURSING HOME CARE UNITS AND COMMUNITY NURSING HOMES

401.01 GENERAL

a. This chapter will provide coding instructions for patients discharged from a VA (Department of Veterans Affairs) NHCU (Nursing Home Care Unit) or CNH (Community Nursing Home). Instructions for the completion of the transaction required to establish a record for the nursing home patient will be located in this chapter and are indicated by the references which follow.

b. When a nursing home patient (NHCU or CNH) is returned to a hospital for care, the patient is considered to be in ASIH (absent sick in hospital) status.

c. The number of days the patient is ASIH status will be monitored; however, no nursing home NPTF transactions will be prepared unless 30 days of inpatient care for the NHCU patient or 15 days of inpatient care for the CNH patient have transpired, or the patient dies, or goes AMA (against medical advice) while in a hospital.

d. If the ASIH episode is less than 30 days for the NHCU patient or less than 15 days for the CNH patient, a NPTF transaction is prepared to report the episode of hospital care.

e. If the patient dies in a hospital while on ASIH, the patient is reported as a discharge from the nursing home, and the ASIH days are reported, and the death is reported on the hospital NPTF transactions.

f. If the nursing home patient is admitted to a hospital for care and the hospital episode is more than 30 days for the NHCU patient or more than 15 days for the CNH patient, then the patient is discharged from the nursing home and a NPTF transaction must be prepared to reflect the episode of care provided in a hospital.

g. If the patient is then readmitted to the nursing home from a hospital, another NPTF transaction will be prepared upon discharge to reflect the nursing home episode of care.

h. A NPTF transaction must be prepared on all patients receiving care in a VA NHCU or a CNH at VA expense. Included are:

(1) An Admission Transaction (N101) will be prepared on every patient. Specific instructions begin with paragraph 401.02.

(2) A Disposition Transaction (N701) will be prepared on every patient and will be used to report discharge diagnoses as documented on the VA Form 10-1000, Discharge Summary, or VA Form 10-9034 series, Medical Record Report. Specific instructions begin with paragraph 401.03.

(3) A Discharge Diagnosis Transaction (N501) will be prepared on every patient. Specific instructions begin with paragraph 401.04.

(4) A Procedure Transaction (N601) will be prepared, if applicable, to report non-OR (surgical procedures which do not take place in an operating room) procedures performed

during an episode of care. Specific instructions begin with paragraph 401.05.

(5) A Surgical Transaction (N401) will not be completed for nursing home patients.

(6) Additional information regarding encoding transactions is found in MP-6, part XVI, chapter 3, subparagraph 301.01.

401.02 ADMISSION TRANSACTION (N101)

A Admission Transaction (N101) will be prepared for all releases from a VA NHCU or a CNH under VA auspices.

a. Control Data. Each transaction submitted will contain basic information referred to as Control Data.

(1) Control Data identifies and introduces the patient's episode of care into the NPTF.

(2) The control data items are the patient's SSN (Social Security Number), date and time of admission, and facility number.

(3) Specific instructions for control data are found in MP-6, part XVI, chapter 2.

b. Last Name of Patient. Enter the patient's last name. This field will accept 12 letters of the last name. DO NOT use hyphens or apostrophes which may occur in names such as Mac-Bride and O'Connell. If the patient's name has less than 11 or 12 letters, the system will accept JR, SR, I, II, III, or IV.

c. Initials of First and Middle Names. Enter the initial of the patient's first name and the initial of the middle name.

d. Source of Admission. These codes indicate where nursing home patients come from and/or their status at the time of admission. Select and enter the appropriate code from the following list:

(1) Direct admission of a veteran from:

| | |
|----|-------------------------------------|
| 5A | VA medical center |
| 5B | Non-VA hospital (under VA auspices) |
| 5C | VA domiciliary |
| 5G | All other sources (community, etc.) |

(2) Transfer-in of a veteran from:

| | |
|----|---|
| 5D | Transfer from a VA Nursing Home Unit to a VA Nursing Home Unit (Does Not include a CNH) when the veteran has been in the nursing home continuously since before 7/1/86. This source of admission will generate a Means Test Indicator of "X". |
| 5E | Another VA NHCU |
| 5F | CNH (under VA auspices) |

(3) CNH UNDER VA auspices:

(a) Direct admission of a veteran from:

6A VA medical center
6D All other sources (community, etc)

(b) Transfer-in of a veteran from:

6B VA NHCU
6C Another CNH (under VA Auspices)

(4) Direct admission of a non-veteran to a CNH (under VA auspices):

7B Active duty personnel from military hospital to CNH

e. Transferring VA Facility. The entry identifies the VA facility or the non-VA facility from which the patient was admitted or transferred. Identification of the facility from which the patient was admitted/ transferred is linked to the patient's source of admission.

(1) If the source of admission is a code 5A-5C, 5E or 5F, the transferring facility will be identified.

(2) If the source of admission is a code 5G, no entry will be made. Facility numbers for transferring facilities will be found in appendix A.

(3) If the source of admission is a non-VA facility, enter the three position facility number for your medical center as listed in appendix A.

(4) If the source of admission in a non-VA facility, enter the three position facility number for your medical center. Suffix modifiers which identify non-VA facilities can be found in MP-6, part XVI, chapter 7.

f. Source of Payment. No entry will be made.

g. POW (Prisoner of War Status). Enter the appropriate code from the following:

1 Not POW
3 Information not available
4 POW in WWI
5 POW in WWII, Europe only
6 POW in WWII, South Pacific
7 POW in Korean Conflict only
8 POW in Vietnam Era only
9 POW during more than one of the preceding periods of service

h. Marital Status. Enter the appropriate code from the following:

N Never married
M Married
S Separated
W Widowed
D Divorced
U Unknown

i. Sex. Enter one of the following codes:

M Male

F Female

i. Date of Birth

(1) Enter the numerical equivalent for the MONTH of birth (Jan. "01", Dec. "12"). If the month of birth is unknown, enter 00.

(2) Enter the DAY of the month of birth (01, 02, 31). If day of birth is unknown, enter 00.

(3) Enter four digits for the YEAR of birth (e.g., 1922, 1897, etc.) If year of birth is unknown, an estimated year of birth must be entered.

k. Period of Service. The codes following (ch. 4 k.(3)) are directly related to the CFR (admission authority) under which a patient is eligible for care and treatment.

(1) Active Military. Active military duty status takes precedence over any other status. In other words, a patient admitted while on active duty will be coded as A, B, C, or D, even though the patient may have entitlement as a veteran by virtue of a previous period of service.

(2) Veteran. Use the code for the latest wartime period of service when a veteran has served in two or more wars EXCEPT when it is known that the patient is SC (service-connected) for a condition incurred in a prior war.

(3) Other Non-veterans. This group includes all patients other than veterans and active duty military, such as humanitarian emergencies, reimbursement cases, allied beneficiaries, donors, etc. If an OWCP (Office of Workers Compensation Program) case is admitted, code as "J", even though eligible as a veteran (not for extended care). The non-veteran codes may only be used when a non-veteran is admitted to a CNH at VA expense.

| | |
|---|--|
| 3 | Spanish-American War |
| 1 | World War I (April 6, 1917, to November 11, 1918); date can be extended to |
| | April 1, 1920, if veteran served in Russia |
| 2 | World War II (December 7, 1941, to December 31, 1946) |
| 4 | Peacetime Enlistment (Before June 27, 1950) |
| 0 | Korean Conflict (June 27, 1950, to January 31, 1955) |
| 5 | Post-Korean/Peacetime Service (February 1, 1955, to August 4, 1964) |
| 7 | Vietnam Era (August 5, 1964, to May 7, 1975) |
| 8 | Post-Vietnam/Peacetime Service (On or after May 8, 1975) |
| W | Service in Czechoslovakian or Polish Armed Forces (Public Law 94-491) |
| A | Active Duty--ARMY |
| B | Active Duty--NAVY/MARINE CORPS |
| C | Active Duty--AIR FORCE |
| D | Active Duty--COAST GUARD (Department of Transportation) |
| Y | New Philippine Scouts and Commonwealth Army Veterans (for NHCU use) |
| X | Persian Gulf War (August 2, 1990, to -----) |
| 6 | Active Duty - Persian Gulf War |

1. Exposure to Agent Orange. This information will be completed when the Period of Service is "7".

| | |
|---|---|
| 1 | No claim of Service in Vietnam |
| 2 | Claims - Vietnam Service--NO Exposure to Agent Orange |

- 3 Claims - Vietnam Service--EXPOSED to Agent Orange
- 4 Claims - Vietnam Service--UNKNOWN Exposure

m. Exposure to Ionizing Radiation. This information will be completed when Period of Service is coded 2, 4, 5, 7, or 8.

- 1 NO claim of Exposure to Ionizing Radiation
- 2 Claims--Exposure - Hiroshima or Nagasaki, Japan
- 3 Claims--Exposure - Nuclear Testing
- 4 Claims--Exposure - BOTH Nuclear Testing and Japan

n. Residence--State and County Codes. Code permanent residence of patient using codes contained in the latest edition of VHA (Veterans Health Administration) Manual, M-1, part 1, chapter 18. If patient's residence is a domiciliary; enter the State and county in which it is located.

o. Zip Code

- (1) Enter ZIP code of permanent residence (National Zip Code Directory).
- (2) If residence is a foreign country, code 75999.
- (3) If ZIP code is unknown, code "X" in this data element for each of the five digits.

p. Means Test Indicator. A Means Test eligibility category indicator will be entered for all VA patients who were admitted on and after July 1, 1986. The source document for this information will be VA Form 10-10, Application for Medical Benefits, or VA Form 10-10F, Financial Worksheet. Enter one of the following codes:

| CODE | DEFINITION |
|------|--|
| AS | Category A SC veteran or special category veteran. (Special categories include: Mexican Border War, Spanish American War, World War I veteran, former POW, Agent Orange, Ionizing Radiation.) |
| AN | Category A NSC (nonservice-connected) veteran. (AN is used for NSC veterans who are required to complete the VA Form 10-10F and for NSC veterans in receipt of VA pension, aid and attendance or housebound allowance or State Medicaid.) |
| C | Category C Veteran. (This includes those pending adjudication.) |
| N | Non-veteran. |
| X | Not applicable. (The veteran was admitted prior to July 1, 1986, with no change in the level of care being received, i.e., if the patient was in the NHCU on July 1, 1986, and has remained in the NHCU since that date with no transfer to the hospital for treatment.) |
| U | Means Test not done/not completed. (The Austin DPC (Data Processing Center) will not accept a NPTF unless the Means Test has been completed.) |

q. Income. The family income will be transmitted with each discharge from a medical

facility. This information will be obtained from either the Income Screening information contained on the VA Form 10-10, or the completed VA Form 10-10F.

401.03 DISPOSITION TRANSACTION (N701)

A Disposition Transaction (N701) will be completed for all releases from a VA NHCUC or a CNH under VA auspices.

a. Date and Time of Disposition. Enter the following information:

- (1) Two-digit equivalent for MONTH (01, 12).
- (2) Two-digit equivalent for DAY of month (01, 31).
- (3) Last two digits of YEAR.
- (4) Enter the time of the patients discharge from the hospital.

b. Discharge Bed Section. Enter the bed section code from the following categories:

| CODE | ACCOUNT NAME | CDR (COST DISTRIBUTION REPORT) ACCOUNT |
|------|-------------------|--|
| 80 | Nursing Home Care | 1410.00 |
| 83 | Respite Care | 1110.00 |

NOTE: The CDR Account will not be used when coding Community Nursing Home patients.

c. Type of Disposition. Select and enter one of the following disposition codes:

- 1 Regular
- 2 Regular (Admitted to hospital after 30 days ASIH for NHCUC or 15 days ASIH for CNH)
- 3 Expiration of 6-month limitation (CNH patients only)
- 4 Irregular
- 5 Transfer (to another VA NHCUC or CNH)
- 6 Death, with autopsy
- 7 Death, without autopsy

d. Outpatient Treatment. Select and enter one of the following codes:

- 1--Yes
- 3--No

e. VA Auspices. Select and enter one of the following codes to indicate whether further care is to be provided under VA auspices (at VA expense):

- 1 Yes
- 2 No

f. Place of Disposition. Select and enter one of the following codes to show where the patient is going:

| CODE | DISPOSITION |
|------|---|
| X | Return to community-independent |
| 0 | VA medical center |
| 1 | Military hospital |
| 2 | Other Federal hospital |
| 3 | Other government hospital (State, County, City and State Home Hospital) |
| 4 | Community hospital |
| 5 | VA NHCU |
| 7 | CNH |
| 9 | Nursing Care continued at SAME NURSING HOME |
| A | Nursing Care continued at another CNH |
| B | State Home--nursing care |
| C | VA domiciliary |
| D | State Home--domiciliary care |
| F | Foster home |
| G | Halfway house |
| H | Boarding house |
| J | Penal institution |
| K | Residential hotel/care facilities (i.e., YMCA, Fraternal Home, etc.) |
| L | Other placement, not specified elsewhere/unknown |
| T | Respite Care |
| U | Hospice Care |

g. Receiving Facility. This data item will be completed only if the veteran is to receive further care (hospital, nursing home or domiciliary) under VA auspices. In the case of a CNH Care placement, use the three position code which identifies your facility and add the community nursing home suffix, "CNH". Other facility numbers will be found in appendix A. Suffix modifiers which identify non-VA facilities will be found in MP-6, part XVI, chapter 7.

h. Extended Care Days ASIH. Enter the number of absent sick in hospital days during the present episode of care.

i. Race. Enter the appropriate code from the following:

- 1 Hispanic White
- 2 Hispanic Black
- 3 American Indian or Alaskan Native
- 4 Black not of Hispanic origin
- 5 Asian or Pacific Islander
- 6 White not of Hispanic origin
- 7 Unknown

j. C&P (Compensation and Pension) Status. Select and enter one of the following codes:

- 1 Treated for compensable SC condition (rated 10 percent or more). (Use even if veteran is receiving a VA pension.)
- 2 Treated for a non-compensable SC condition (rated less than 10 percent). (Use even if veteran is receiving a VA pension.)

- 3 Treated for a NSC condition and has a compensable SC disability which did not require medical care. (Use even if veteran is receiving a VA pension.)
- 4 Treated for a NSC condition and has a non-compensable SC disability which did not require medical care. (Use even if veteran is receiving a VA pension.)
- 5 Treated for NSC condition, no SC disability and is in receipt of a VA pension.
- 6 Treated for NSC condition, has non-compensable disability which did not require medical care and is not in receipt of a VA pension.
- 7 Treated for NSC condition, no SC disability and is not in receipt of a VA pension.
- 8 Non-veterans.

k. DXLS (Diagnosis Responsible for Length of Stay) for Entire Stay To Date. Enter the code for diagnosis responsible for the major part of the length of stay.

(1) At least one diagnostic code must be submitted for each hospitalization. To indicate patient disposition a N501 will be submitted along with a N701 (Disposition Transaction).

(2) The date and time of the disposition transaction (N701) and the date and time of the discharge movement (N501) must be the same.

(3) A maximum of 10 diagnostic codes (N701/N702) may be submitted on a final disposition action.

1. Only Diagnosis Indicator. If there is only one diagnostic code, the alpha character "X" will be entered. If there are additional diagnoses to be reported, no entry will be made.

m. Percent of Service Connection. The veteran's percentage of SC disability will be entered. If the veteran is not service connected, no entry will be made.

n. Legionnaire's Disease. When the ICD-9-CM (International Classification of Diseases, Clinical Modification, Ninth Revision) Diagnostic Code of 482.8 is used, information regarding whether or not the patient was treated for Legionnaire's Disease will be collected.

- 1 Yes
- 2 No

o. Suicide Indicator

(1) When one of the following ICD-9-CM Diagnostic Codes is used, a suicide indicator must be determined:

| | | | |
|--------|--------|--------|--------|
| E950.0 | E950.1 | E950.2 | E950.3 |
|--------|--------|--------|--------|

| | | | |
|--------|--------|--------|--------|
| E950.4 | E950.5 | E950.6 | E950.7 |
| E950.8 | E950.9 | E951.0 | E951.1 |
| E951.8 | E952.0 | E952.1 | E952.8 |
| E952.9 | E953.0 | E953.1 | E953.8 |
| E953.9 | E954. | E955.0 | E955.1 |
| E955.2 | E955.3 | E955.4 | E955.5 |
| E955.9 | E956. | E957.0 | E957.1 |
| E957.2 | E957.9 | E958.0 | E958.1 |
| E958.2 | E958.3 | E958.4 | E958.5 |
| E958.6 | E958.7 | E958.8 | E958.9 |

(2) These codes are not appropriate as the DXLS and they must be entered as secondary diagnoses. If one of the preceding codes is not used, no entry will be made.

1 - Attempted

2 - Accomplished

p. Substance Abuse Information. When one of the ICD-9-CM Diagnostic Codes following is used, a substance abuse code must be entered; if one of the codes is not used, no entry will be made.

| | | | |
|--------|--------|--------|--------|
| 304.00 | 304.01 | 304.02 | 304.03 |
| 304.10 | 304.11 | 304.12 | 304.13 |
| 304.30 | 304.31 | 304.32 | 304.33 |
| 304.40 | 304.41 | 304.42 | 304.43 |
| 304.50 | 304.51 | 304.52 | 304.53 |
| 304.60 | 304.61 | 304.62 | 304.63 |
| 305.20 | 305.21 | 305.22 | 305.23 |
| 305.30 | 305.31 | 305.32 | 305.33 |
| 305.40 | 305.41 | 305.42 | 305.43 |
| 305.50 | 305.51 | 305.52 | 305.53 |
| 305.70 | 305.71 | 305.72 | 305.73 |
| 305.90 | 305.91 | 305.92 | 305.93 |

(1) Specify dependence from the following:

| | |
|------|------------------------------|
| A001 | Heroin |
| A002 | Methadone |
| A003 | Morphine |
| A004 | Opium |
| A005 | Other opiates |
| A006 | Benzodiazopenes |
| A007 | Meprobamate |
| A008 | Barbiturates |
| A009 | Other sedatives or hypnotics |
| A010 | Marijuana or other cannabis |
| A011 | Amphetamines |
| A012 | Other psychostimulant |
| A013 | LSD |
| A014 | PCP |
| A015 | Other hallucinogens |
| A016 | Tobacco |
| A017 | Miscellaneous specified drug |
| A018 | NEC (Unspecified Drug) |

(2) Only one of the preceding dependence categories may be entered into the NPTF system. If questions arise, contact the clinical staff for a determination as to the dependence requiring the majority of the care during the inpatient stay.

q. Psychiatry AXIS Classifications. When a code from one of the ICD-9-CM Diagnostic categories following is used, the appropriate AXIS IV (Severity of Psychosocial Stressors) and AXIS V (Global Assessment of Functioning Scale) will be entered:

| | | | |
|--------|--------|--------|--------|
| 295.00 | 295.01 | 295.02 | 295.03 |
| 295.04 | 295.05 | 295.10 | 295.11 |
| 295.12 | 295.13 | 295.14 | 295.15 |
| 295.20 | 295.21 | 295.22 | 295.23 |
| 295.24 | 295.25 | 295.30 | 295.31 |
| 295.32 | 295.33 | 295.34 | 295.35 |
| 295.40 | 295.41 | 295.42 | 295.43 |
| 295.44 | 295.45 | 295.50 | 295.51 |
| 295.52 | 295.53 | 295.54 | 295.55 |
| 295.60 | 295.61 | 295.62 | 295.63 |
| 295.64 | 295.65 | 295.70 | 295.71 |
| 295.72 | 295.73 | 295.74 | 295.75 |
| 295.80 | 295.81 | 295.82 | 295.83 |
| 295.84 | 295.85 | 295.90 | 295.91 |
| 295.92 | 295.93 | 295.94 | 295.95 |
| 296.00 | 296.01 | 296.02 | 296.03 |
| 296.04 | 296.05 | 296.06 | 296.10 |
| 296.11 | 296.12 | 296.13 | 296.14 |
| 296.15 | 296.16 | 296.20 | 296.21 |
| 296.22 | 296.23 | 296.24 | 296.25 |
| 296.26 | 296.30 | 296.31 | 296.32 |
| 296.33 | 296.34 | 296.35 | 296.36 |
| 296.40 | 296.41 | 296.42 | 296.43 |
| 296.44 | 296.45 | 296.46 | 296.50 |
| 296.51 | 296.52 | 296.53 | 296.54 |
| 296.55 | 296.56 | 296.60 | 296.61 |
| 296.62 | 296.63 | 296.64 | 296.65 |
| 296.66 | 296.7 | 296.80 | 296.81 |
| 296.82 | 296.89 | 296.90 | 296.99 |
| 297.0 | 297.1 | 297.2 | 297.3 |
| 297.8 | 297.9 | 298.0 | 298.1 |
| 298.2 | 298.3 | 298.4 | 298.8 |
| 298.9 | 299.00 | 299.01 | 299.10 |
| 299.11 | 299.80 | 299.81 | 299.90 |
| 299.91 | 300.00 | 300.01 | 300.02 |
| 300.09 | 300.10 | 300.11 | 300.12 |
| 300.13 | 300.14 | 300.15 | 300.16 |
| 300.19 | 300.20 | 300.21 | 300.22 |
| 300.23 | 300.29 | 300.3 | 300.4 |
| 300.5 | 300.6 | 300.7 | 300.81 |
| 300.89 | 300.9 | 301.0 | 301.10 |
| 301.11 | 301.12 | 301.13 | 301.20 |
| 301.21 | 301.22 | 301.3 | 301.4 |
| 301.50 | 301.51 | 301.59 | 301.6 |
| 301.7 | 301.81 | 301.82 | 301.83 |
| 301.84 | 301.89 | 301.9 | 302.0 |

| | | | |
|--------|--------|--------|--------|
| 302.1 | 302.2 | 302.3 | 302.4 |
| 302.50 | 302.51 | 302.52 | 302.53 |
| 302.6 | 302.70 | 302.71 | 302.72 |
| 302.73 | 302.74 | 302.75 | 302.76 |
| 302.79 | 302.81 | 302.82 | 302.83 |
| 302.84 | 302.85 | 302.89 | 302.9 |
| 303.00 | 303.01 | 303.02 | 303.03 |
| 303.90 | 303.91 | 303.92 | 303.93 |
| 304.00 | 304.01 | 304.02 | 304.03 |
| 304.10 | 304.11 | 304.12 | 304.13 |
| 304.20 | 304.21 | 304.22 | 304.23 |
| 304.30 | 304.31 | 304.32 | 304.33 |
| 304.40 | 304.41 | 304.42 | 304.43 |
| 304.50 | 304.51 | 304.52 | 304.53 |
| 304.60 | 304.61 | 304.62 | 304.63 |
| 304.70 | 304.71 | 304.72 | 304.73 |
| 304.80 | 304.81 | 304.82 | 304.83 |
| 304.90 | 304.91 | 304.92 | 304.93 |
| 304.99 | 305.00 | 305.01 | 305.02 |
| 305.03 | 305.10 | 305.11 | 305.12 |
| 305.13 | 305.20 | 305.21 | 305.22 |
| 305.23 | 305.29 | 305.30 | 305.31 |
| 305.32 | 305.33 | 305.40 | 305.41 |
| 305.42 | 305.43 | 305.50 | 305.51 |
| 305.52 | 305.53 | 305.60 | 305.61 |
| 305.62 | 305.63 | 305.70 | 305.71 |
| 305.72 | 305.73 | 305.80 | 305.81 |
| 305.82 | 305.83 | 305.90 | 305.91 |
| 305.92 | 305.93 | 306.0 | 306.1 |
| 306.2 | 306.3 | 306.4 | 306.50 |
| 306.51 | 306.52 | 306.53 | 306.59 |
| 306.6 | 306.7 | 306.8 | 306.9 |
| 307.0 | 307.1 | 307.20 | 307.21 |
| 307.22 | 307.23 | 307.3 | 307.40 |
| 307.41 | 307.42 | 307.43 | 307.44 |
| 307.45 | 307.46 | 307.47 | 307.48 |
| 307.49 | 307.50 | 307.51 | 307.52 |
| 307.53 | 307.54 | 307.59 | 307.6 |
| 307.7 | 307.80 | 307.81 | 307.89 |
| 307.9 | 308.0 | 308.1 | 308.2 |
| 308.3 | 308.4 | 308.9 | 309.0 |
| 309.1 | 309.21 | 309.22 | 309.23 |
| 309.24 | 309.28 | 309.29 | 309.3 |
| 309.4 | 309.81 | 309.82 | 309.83 |
| 309.89 | 309.9 | 310.0 | 310.1 |
| 310.2 | 310.8 | 310.9 | 311. |
| 312.00 | 312.01 | 312.02 | 312.03 |
| 312.10 | 312.11 | 312.12 | 312.13 |
| 312.20 | 312.21 | 312.22 | 312.23 |
| 312.30 | 312.31 | 312.32 | 312.33 |
| 312.34 | 312.35 | 312.39 | 312.4 |
| 312.8 | 312.9 | 313.0 | 313.1 |
| 313.21 | 313.22 | 313.23 | 313.3 |
| 313.81 | 313.82 | 313.83 | 313.89 |
| 313.9 | 314.00 | 314.01 | 314.1 |
| 314.2 | 314.8 | 314.9 | 315.00 |

| | | | |
|--------|--------|--------|-------|
| 315.01 | 315.02 | 315.09 | 315.1 |
| 315.2 | 315.31 | 315.39 | 315.4 |
| 315.5 | 315.8 | 315.9 | 316. |
| 317. | 318.0 | 318.1 | 318.2 |
| 319. | | | |

(2) The determination of the AXIS Classifications will be made by the clinical staff based on the patient's overall condition and will not be based on each of the diagnostic codes entered; if one of the preceding codes is not used, no entry will be made.

(a) AXIS IV - Severity of Psychosocial Stressors. Codes and terms are:

| CODE | TERMINOLOGY |
|------|--|
| 0 | Inadequate information or no change in condition |
| 1 | None |
| 2 | Mild |
| 3 | Moderate |
| 4 | Severe |
| 5 | Extreme |
| 6 | Catastrophic |

(b) AXIS V - Global Assessment of Functioning Scale. This scale will require the entry of two ratings from 0 (inadequate information) through 90 (grossly impaired). One rating will be made for the current time period and the second for the highest level of functioning in the past year. If there is no rating for the past year, no entry will be made in the second two digits. The codes following will be used for entry into both ratings:

| CODE | TERMINOLOGY |
|----------|---|
| 90 to 81 | Absent or minimal symptoms. |
| 80 to 71 | If symptoms are present, they are transient and expectable reactions to psychosocial stressors. |
| 70 to 61 | Some mild symptoms, or some difficulty in social, occupational, or school functioning. |
| 60 to 51 | Moderate symptoms, or moderate difficulty in social, occupational, or school functioning. |
| 50 to 41 | Serious symptoms, or serious impairment in social, occupational, or school functioning. |
| 40 to 31 | Some impairment in reality testing, or communication, or major impairment in several areas, such as school, family relations, judgment, thinking, or mood. |
| 30 to 21 | Some danger of hurting self or others, or occasionally fails to maintain personal hygiene, or gross impairment in communication, or judgment, or ability to function in almost all areas. |

20 to 11 Some danger of hurting self or others, or occasionally fails to maintain minimal personal hygiene, or gross impairment in communication.

10 to 1 Persistent danger of severely hurting self or others, or persistent inability to maintain minimal personal hygiene, or serious suicidal act.

0 Inadequate information.

r. Treated for SC Condition. Each N501 segment will contain information as to whether or not the patient was treated for a SC condition during that portion of the inpatient stay. This information should be based on the diagnosis responsible for the major length of the patient's inpatient care for the movement.

401.04 DISCHARGE DIAGNOSTIC TRANSACTION (N501)

A Discharge Diagnostic Transaction (N501) will be prepared on all releases from a VA NHCU or a CNH under VA auspices.

a. Date and Time of Discharge. Enter the following information:

- (1) Two-digit equivalent for MONTH (01, 12).
- (2) Two-digit equivalent for DAY of month (01, 31).
- (3) Last two digits of YEAR.
- (4) Enter the time of the patients discharge from the nursing home.

b. Discharge Bed Section. Enter the bed section code from the following categories:

| CODE | ACCOUNT NAME | CDR ACCOUNT |
|------|-------------------|-------------|
| 80 | Nursing Home Care | 1410.00 |
| 83 | Respite Care | 1110.00 |

NOTE: CDR Codes will not be used for Community Nursing Home Patients .

c. Leave Days on Bed Section. Enter the number of days on this bed section that the patient was on leave during the present episode of care.

d. Pass Days on Bed Section. Enter the number of days on this bed section the patient was on pass during the present episode of care.

e. Spinal Cord Injury Indicator. Enter one of the following codes.

| | |
|---|---------------------------|
| 1 | Paraplegia-Traumatic |
| 2 | Quadraplegia-Traumatic |
| 3 | Paraplegia-Nontraumatic |
| 4 | Quadraplegia-Nontraumatic |
| X | Not Applicable |

f. DXLS for Discharging Bed Section. Enter the ICD-9-CM code which represents the diagnosis responsible for the major part of the patient's stay in the nursing home bed section.

g. Other Diagnostic Codes. Only four other diagnostic codes are permitted for each patient movement.

h. Bed Occupancy Status. Enter one of the following codes which represents the patient's bed occupancy status at the time of discharge:

- 1 Bed Occupant
- 2 Patient on Pass
- 3 Patient on Leave (includes unauthorized absence)
- 4 Patient ASIH (for extended care use only)

i. Legionnaire's Disease. When the ICD-9-CM Diagnostic Code of 482.8 is used, information regarding whether or not the patient was treated for Legionnaire's Disease will be collected.

- 1 Yes
- 2 No

j. Suicide Indicator

(1) When one of the following ICD-9-CM Diagnostic Codes is used, a suicide indicator must be determined:

| | | | |
|--------|--------|--------|--------|
| E950.0 | E950.1 | E950.2 | E950.3 |
| E950.4 | E950.5 | E950.6 | E950.7 |
| E950.8 | E950.9 | E951.0 | E951.1 |
| E951.8 | E952.0 | E952.1 | E952.8 |
| E952.9 | E953.0 | E953.1 | E953.8 |
| E953.9 | E954. | E955.0 | E955.1 |
| E955.2 | E955.3 | E955.4 | E955.5 |
| E955.9 | E956. | E957.0 | E957.1 |
| E957.2 | E957.9 | E958.0 | E958.1 |
| E958.2 | E958.3 | E958.4 | E958.5 |
| E958.6 | E958.7 | E958.8 | E958.9 |

(2) These codes are not appropriate as the DXLS and they must be entered as secondary diagnoses. If one of the preceding codes is not used, no entry will be made.

- 1 - Attempted
- 2 - Accomplished

k. Substance Abuse Information. When one of the following ICD-9-CM Diagnostic Codes is used, a substance abuse code must be entered; if one of the codes is not used, no entry will be made.

| | | | |
|--------|--------|--------|--------|
| 304.00 | 304.01 | 304.02 | 304.03 |
| 304.10 | 304.11 | 304.12 | 304.13 |
| 304.30 | 304.31 | 304.32 | 304.33 |
| 304.40 | 304.41 | 304.42 | 304.43 |
| 304.50 | 304.51 | 304.52 | 304.53 |
| 304.60 | 304.61 | 304.62 | 304.63 |
| 305.20 | 305.21 | 305.22 | 305.23 |

| | | | |
|--------|--------|--------|--------|
| 305.30 | 305.31 | 305.32 | 305.33 |
| 305.40 | 305.41 | 305.42 | 305.43 |
| 305.50 | 305.51 | 305.52 | 305.53 |
| 305.70 | 305.71 | 305.72 | 305.73 |
| 305.90 | 305.91 | 305.92 | 305.93 |

(1) Specify dependence from the following:

| | |
|------|------------------------------|
| A001 | Heroin |
| A002 | Methadone |
| A003 | Morphine |
| A004 | Opium |
| A005 | Other opiates |
| A006 | Benzodiazopenes |
| A007 | Meprobamate |
| A008 | Barbiturates |
| A009 | Other sedatives or hypnotics |
| A010 | Marijuana or other cannabis |
| A011 | Amphetamines |
| A012 | Other psychostimulant |
| A013 | LSD |
| A014 | PCP |
| A015 | Other hallucinogens |
| A016 | Tobacco |
| A017 | Miscellaneous specified drug |
| A018 | NEC |

(2) Only one of the preceding dependence categories may be entered into the NPTF system. If questions arise, contact the clinical staff for a determination as to the dependence requiring the majority of the care during the inpatient stay.

1. Psychiatry AXIS Classifications. When a code from one of the ICD-9-CM Diagnostic categories following is used, the appropriate AXIS IV (Severity of Psychosocial Stressors) and AXIS V (Global Assessment of Functioning Scale) will be entered:

| | | | |
|--------|--------|--------|--------|
| 295.00 | 295.01 | 295.02 | 295.03 |
| 295.04 | 295.05 | 295.10 | 295.11 |
| 295.12 | 295.13 | 295.14 | 295.15 |
| 295.20 | 295.21 | 295.22 | 295.23 |
| 295.24 | 295.25 | 295.30 | 295.31 |
| 295.32 | 295.33 | 295.34 | 295.35 |
| 295.40 | 295.41 | 295.42 | 295.43 |
| 295.44 | 295.45 | 295.50 | 295.51 |
| 295.52 | 295.53 | 295.54 | 295.55 |
| 295.60 | 295.61 | 295.62 | 295.63 |
| 295.64 | 295.65 | 295.70 | 295.71 |
| 295.72 | 295.73 | 295.74 | 295.75 |
| 295.80 | 295.81 | 295.82 | 295.83 |
| 295.84 | 295.85 | 295.90 | 295.91 |
| 295.92 | 295.93 | 295.94 | 295.95 |
| 296.00 | 296.01 | 296.02 | 296.03 |
| 296.04 | 296.05 | 296.06 | 296.10 |
| 296.11 | 296.12 | 296.13 | 296.14 |

| | | | |
|--------|--------|--------|--------|
| 296.15 | 296.16 | 296.20 | 296.21 |
| 296.22 | 296.23 | 296.24 | 296.25 |
| 296.26 | 296.30 | 296.31 | 296.32 |
| 296.33 | 296.34 | 296.35 | 296.36 |
| 296.40 | 296.41 | 296.42 | 296.43 |
| 296.44 | 296.45 | 296.46 | 296.50 |
| 296.51 | 296.52 | 296.53 | 296.54 |
| 296.55 | 296.56 | 296.60 | 296.61 |
| 296.62 | 296.63 | 296.64 | 296.65 |
| 296.66 | 296.7 | 296.80 | 296.81 |
| 296.82 | 296.89 | 296.90 | 296.99 |
| 297.0 | 297.1 | 297.2 | 297.3 |
| 297.8 | 297.9 | 298.0 | 298.1 |
| 298.2 | 298.3 | 298.4 | 298.8 |
| 298.9 | 299.00 | 299.01 | 299.10 |
| 299.11 | 299.80 | 299.81 | 299.90 |
| 299.91 | 300.00 | 300.01 | 300.02 |
| 300.09 | 300.10 | 300.11 | 300.12 |
| 300.13 | 300.14 | 300.15 | 300.16 |
| 300.19 | 300.20 | 300.21 | 300.22 |
| 300.23 | 300.29 | 300.3 | 300.4 |
| 300.5 | 300.6 | 300.7 | 300.81 |
| 300.89 | 300.9 | 301.0 | 301.10 |
| 301.11 | 301.12 | 301.13 | 301.20 |
| 301.21 | 301.22 | 301.3 | 301.4 |
| 301.50 | 301.51 | 301.59 | 301.6 |
| 301.7 | 301.81 | 301.82 | 301.83 |
| 301.84 | 301.89 | 301.9 | 302.0 |
| 302.1 | 302.2 | 302.3 | 302.4 |
| 302.50 | 302.51 | 302.52 | 302.53 |
| 302.6 | 302.70 | 302.71 | 302.72 |
| 302.73 | 302.74 | 302.75 | 302.76 |
| 302.79 | 302.81 | 302.82 | 302.83 |
| 302.84 | 302.85 | 302.89 | 302.9 |
| 303.00 | 303.01 | 303.02 | 303.03 |
| 303.90 | 303.91 | 303.92 | 303.93 |
| 304.00 | 304.01 | 304.02 | 304.03 |
| 304.10 | 304.11 | 304.12 | 304.13 |
| 304.20 | 304.21 | 304.22 | 304.23 |
| 304.30 | 304.31 | 304.32 | 304.33 |
| 304.40 | 304.41 | 304.42 | 304.43 |
| 304.50 | 304.51 | 304.52 | 304.53 |
| 304.60 | 304.61 | 304.62 | 304.63 |
| 304.70 | 304.71 | 304.72 | 304.73 |
| 304.80 | 304.81 | 304.82 | 304.83 |
| 304.90 | 304.91 | 304.92 | 304.93 |
| 304.99 | 305.00 | 305.01 | 305.02 |
| 305.03 | 305.10 | 305.11 | 305.12 |
| 305.13 | 305.20 | 305.21 | 305.22 |
| 305.23 | 305.29 | 305.30 | 305.31 |
| 305.32 | 305.33 | 305.40 | 305.41 |
| 305.42 | 305.43 | 305.50 | 305.51 |
| 305.52 | 305.53 | 305.60 | 305.61 |
| 305.62 | 305.63 | 305.70 | 305.71 |
| 305.72 | 305.73 | 305.80 | 305.81 |

| | | | |
|--------|--------|--------|--------|
| 305.82 | 305.83 | 305.90 | 305.91 |
| 305.92 | 305.93 | 306.0 | 306.1 |
| 306.2 | 306.3 | 306.4 | 306.50 |
| 306.51 | 306.52 | 306.53 | 306.59 |
| 306.6 | 306.7 | 306.8 | 306.9 |
| 307.0 | 307.1 | 307.20 | 307.21 |
| 307.22 | 307.23 | 307.3 | 307.40 |
| 307.41 | 307.42 | 307.43 | 307.44 |
| 307.45 | 307.46 | 307.47 | 307.48 |
| 307.49 | 307.50 | 307.51 | 307.52 |
| 307.53 | 307.54 | 307.59 | 307.6 |
| 307.7 | 307.80 | 307.81 | 307.89 |
| 307.9 | 308.0 | 308.1 | 308.2 |
| 308.3 | 308.4 | 308.9 | 309.0 |
| 309.1 | 309.21 | 309.22 | 309.23 |
| 309.24 | 309.28 | 309.29 | 309.3 |
| 309.4 | 309.81 | 309.82 | 309.83 |
| 309.89 | 309.9 | 310.0 | 310.1 |
| 310.2 | 310.8 | 310.9 | 311. |
| 312.00 | 312.01 | 312.02 | 312.03 |
| 312.10 | 312.11 | 312.12 | 312.13 |
| 312.20 | 312.21 | 312.22 | 312.23 |
| 312.30 | 312.31 | 312.32 | 312.33 |
| 312.34 | 312.35 | 312.3 | 312.4 |
| 312.8 | 312.9 | 313.0 | 313.1 |
| 313.21 | 313.22 | 313.23 | 313.3 |
| 313.81 | 313.82 | 313.83 | 313.89 |
| 313.9 | 314.00 | 314.01 | 314.1 |
| 314.2 | 314.8 | 314.9 | 315.00 |
| 315.01 | 315.02 | 315.09 | 315.1 |
| 315.2 | 315.31 | 315.39 | 315.4 |
| 315.5 | 315.8 | 315.9 | 316. |
| 317. | 318.0 | 318.1 | 318.2 |
| 319. | | | |

(2) The determination of the AXIS Classifications will be made by the clinical staff based on the patient's overall condition and will not be based on each of the preceding diagnostic codes entered. If one of the preceding codes is not used, no entry will be made.

(a) AXIS IV - Severity of Psychosocial Stressors. Codes and terms are:

| CODE | TERMINOLOGY |
|------|--|
| 0 | Inadequate information or no change in condition |
| 1 | None |
| 2 | Mild |
| 3 | Moderate |
| 4 | Severe |
| 5 | Extreme |
| 6 | Catastrophic |

(b) AXIS V - Global Assessment of Functioning Scale. This scale will require the entry of two ratings from 0 (inadequate information) through 90 (grossly impaired). One rating will be made for the current time period and the second for the highest level of

functioning in the past year. If there is no rating for the past year, no entry will be made in the second two digits. The codes following will be used for entry into both ratings:

| CODE | TERMINOLOGY |
|----------|---|
| 90 to 81 | Absent or minimal symptoms. |
| 80 to 71 | If symptoms are present, they are transient and expectable reactions to psychosocial stressors. |
| 70 to 61 | Some mild symptoms, or some difficulty in social, occupational, or school functioning. |
| 60 to 51 | Moderate symptoms, or moderate difficulty in social, occupational, or school functioning. |
| 50 to 41 | Serious symptoms, or serious impairment in social, occupational, or school functioning. |
| 40 to 31 | Some impairment in reality testing or communication, or major impairment in several areas, such as school, family relations, judgment, thinking, or mood. |
| 30 to 21 | Some danger of hurting self or others, or occasionally fails to maintain personal hygiene, or gross impairment in communication, or judgment, or ability to function in almost all areas. |
| 20 to 11 | Some danger of hurting self or others, or occasionally fails to maintain minimal personal hygiene, or gross impairment in communication. |
| 10 to 1 | Persistent danger of severely hurting self or others, or persistent inability to maintain minimal personal hygiene, or serious suicidal act. |
| 0 | Inadequate information. |

1. Treated for SC Condition. Each N501 segment will contain information as to whether or not the patient was treated for a SC condition during that portion of the inpatient stay. This information should be based on the diagnosis responsible for the major length of the patient's inpatient care for the movement.

401.05 PROCEDURE TRANSACTION (N601)

Procedures will be reported on the N601 transaction.

a. "Procedure" for purpose of NPTF includes dental procedures, and is defined as a non-OR intervention operation or nonsurgical action (diagnostic, therapeutic, etc.) and is not documented on VA Form SF 516, Operation Report. Procedures may be documented in progress notes, on consultation reports, abbreviated hospital summaries, radiology and nuclear medicine reports, etc.

b. The procedures transaction can accommodate five ICD-9-CM code entries performed at any date and time during a period of hospitalization. If more than five procedures were performed, only the most significant will be entered.

c. Dialysis treatment types and number of dialysis episodes will be reported on the procedure transaction. Patients who receive routine maintenance dialysis are considered outpatients and are not reported into the NPTF. Multiple dialysis types of treatment received during a hospitalization may be reported on the N601 transaction for the date of occurrence.

d. Date and Time of Procedure. Enter the following information:

- (1) Two-digit equivalent for MONTH (01, 12).
- (2) Two-digit equivalent for DAY of month (01, 31).
- (3) Last two digits of YEAR.
- (4) Enter the time the procedure started.

e. Bed Section. Enter the patient's bed section code from the be entered on the N601 transaction categories following:

| CODE | NAME | CDR | ACCOUNT |
|------|-------------------|-----|---------|
| 80 | Nursing Home Care | | 1410.00 |
| 83 | Respite Care | | 1110.00 |

f. Dialysis Type. Enter one of the following codes to report the type of dialysis treatment the patient received during this hospitalization. This information will be reported upon discharge. If the patient received multiple types of dialysis (i.e., from peritoneal to hemodialysis), an N601 will be prepared to report each type of treatment received and the number of treatments provided; use the date of the last dialysis treatment provided for the date of procedure.

- | | |
|---|--|
| 1 | Acute hemodialysis treatment |
| 2 | Chronic assisted (full care) hemodialysis treatment |
| 3 | Limited/self care hemodialysis treatment |
| 4 | Acute peritoneal dialysis treatment |
| 5 | Chronic assisted (full care) peritoneal dialysis treatment |
| 6 | Limited/self care peritoneal dialysis treatment |
| 7 | Home hemodialysis training treatment |
| 8 | Home peritoneal dialysis treatment |

g. Number of Dialysis Treatments. Enter the number of times that the type of dialysis treatment reported was provided during the period of care in either the NHCU or in the CNH.

h. Procedure Codes. Five ICD-9-CM non-OR procedure codes can be reported for each date and time of procedure. The NPTF system will accept a maximum of 32 transactions per hospitalization.